South Bend Police MSOS Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10-01-13	Address:	Milburn/Burdette	
Incident #:	13-15410		Mishawaka, IN	
County:	St. Joseph			
Type of Labo	oratory Seizure (check one)	Seizure Location (check all that apply)	
Operation Chemical/ Dumpsite	'Glasswate/Equipment (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	: Location (bedroom, kitchen, open air, apply) apply) r Birch Reaction(s):	<u>etc)</u>		
Red Phose	phorous/Jodine Reaction(s):			
⊠ Hydrochle	oric Acid Gas Generator(s): <u>inside ve</u>	<u>hicle</u>		
🗌 Flammabl	e Solvents:			
☐ Water Reactive Metal (Lithium):				
📋 Anhydrou	s Ammonia;			
☐ Corrosive	Acid: <u>inside vehicle</u>			
Corrosive	Base:			
Other (iter	n and location): <u>table salt inside vehic</u> i	<u>le</u>		
Vehicle Infor	mation:			
Owner: VIN: Year:	Yeskey, David IGKEK13R7TJ743516 1996	Make: Model:	GMC Yukon	
Child under age 18 discovered (check appropriate) Yes (numbet present) No Children not present but evidence they reside or visit often		unclean Estimated len eccurring:	Living conditions of home: clean disarray unclean time manufacturing had been occurring: Additional Information:	
<u>This report b</u>	as been faxed* or emailed to the fol	lowing agencies tha	t serve the location;	
Health Depart	ent City, Township or County <u>Mishaw</u> ment County: <u>St. Joseph</u> f Child Services Hotline: <u>deshotlinere</u>	Pax: <u>574-23</u>		
	rmation regarding this methamphetan fficer: <u>Sgt. Eric Beckham</u> Phone	tine laboratory, contr c <u>574-235-9406</u>	uct	
#This form is to be	fored to the Fire Department, Health Decare	mont and/an Department	of Carling Superiors Body and the 24 house of	

scene processing.